

REDACTED - FOR PUBLIC INSPECTION

July 1, 2014

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

ATTENTION: WIRELINE COMPETITION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422
SAC 330936, WI, Indianhead Telephone Company
Connect America Fund WC Dockets 10-90, 11-42 and 14-58

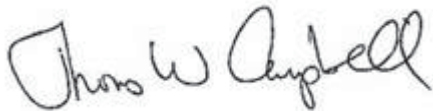
Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Indianhead Telephone Company, WI, SAC 330936 is filing its Form 481 High Cost and Low-Income Annual Report.

Indianhead Telephone Company seeks confidential treatment under the Protective Order in this proceeding for Section 54.313(f)(2) financial information in the 481 filing¹ and for Section 54.202(a) 5 Year Service Quality Improvement Plan portion of the 481 filing pursuant to the Request for Confidential Treatment attached to this filing. Pursuant to the Protective Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,



Tom Campbell
Telecommunications Consultant
tcampbell@otcpas.com
651-621-8511 (v)
651-483-2467 (f)

Enclosures

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

¹ See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel. November 16 ("Order")

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**

In the Matter of)	
)	
Connect America Fund)	WC Docket No. 10-90
)	
)	
Lifeline and Link Up Reform)	WC Docket No. 11-42
)	
)	
ETC Annual Reports and Certifications)	WC Docket No. 14-58

REQUEST FOR CONFIDENTIAL TREATMENT

Indianhead Telephone Company, SAC 330936, (“the company”) requests that the portion of its Form 481 pertaining to the 5-Year Service Quality Improvement Plan be granted confidential, non-public treatment pursuant to Sections 0.457 and 0.459 of the Commission’s rules, 47 C.F.R. §§ 0.457, 0.459, and related provisions of the Freedom of Information Act (“FOIA”), including 5 U.S.C. § 552(b)(4) (“Exemption 4”). Form 481 contains information regarding the company’s Section 54.202(a) 5- Year Service Quality Improvement Plan including capital expenditures and operating expenses. Release of such information would supply a roadmap to competitors regarding confidential build out plans and study area demographics. In addition, the document contains confidential information that is not customarily disclosed to the public or made available within the telecommunications industry. Information in support of the company’s request for confidential treatment pursuant to Section 0.459(b) of the Commission’s Rules, 47 C.F.R. § 0.459(b), is provided below.

I. INDIANHEAD TELEPHONE COMPANY’S FORM 481 SATISFIES THE REQUIREMENTS OF § 0.459 OF THE COMMISSION’S RULES

The material for which the company seeks confidentiality falls squarely within the requirements of Section 0.459 of the Commission’s rules. As demonstrated below, the company has satisfied each of the elements of Section 0.459, and disclosure of this information would result in competitive harm to the company.

(1) Identification of the specific information for which confidential treatment is sought. The company requests confidential treatment for the portion of Form 481 required by 47 C.F.R. § 54.313 related to the Section 54.202(a) 5- Year Service Quality Improvement Plan. The information bears the legend “Confidential Financial Information. The specific information falls into the categories of: 1. Capital Expenditures, 2. Operating Expenses and 3. Area Demographics

(2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission. The information is required to be produced annually by 47 C.F.R. § 54.313. The proceedings are WC Docket No. 10-90 and WC Docket No. 11-42. The documents will also be submitted in WC Docket NO. 14-58

(3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged. The information for which confidentiality is requested is “financial” and commercial¹ in nature. The information is “confidential” in that it “would customarily not be released to the public.”² The courts have elaborated that material “is ‘confidential’ . . . if disclosure of the information is likely to have either the following effects: (1) to impair the government’s ability to obtain necessary information in the future; or (2) to cause substantial harm to the competitive position of the person from whom the information was obtained.”³ Both of the considerations apply in this instance, as further explained in point (5) below.

(4) Explanation of the degree to which the information concerns a service that is subject to competition. All of the services provided by the company are subject to intense existing or potential competition.

¹ See *Board of Trade of the City of Chicago v. Commodity Futures Trading Comm’n*, 627 F.2d 392, 403 & n.78 (D.C. Cir. 1980) (courts have given the terms “commercial” and “financial, as used in Section 552(b)(4), their ordinary meanings).

² *Critical Mass Energy Project v. NRC*, 975 F.2d 871, 873 (D.C. Cir. 1992) (citing the Senate Committee Report).

³ *Nat’l Parks and Conservation Ass’n v. Morton*, 498 f.2d 764, 770 (D.C. Cir. 1974) (footnote omitted); see also *Critical Mass Energy*, 975 F.2d at 873.

(5) Explanation of how disclosure of the information could result in substantial competitive

harm. If the information were publicly available, it would supply competitors with financial information not ordinarily available to the public. Specifically, rural telephone service has historically lent itself to “cherry picking” by competitors that choose to only serve low cost areas. Release of this specific build out and operating expense information would allow competitors to gain an unfair advantage.

(6) Identification of any measures taken by the submitting party to prevent unauthorized

disclosure. The information for which the company seeks confidential treatment is information that the company does not customarily release to the public. The company also limits the internal circulation of this information to only those with a need to know.

Consistent with 47 C.F.R. § 0.459(a), the items for which confidentiality is requested are being submitted with, and are covered by, this request. This request for confidentiality - as well as the documents subject to this request - are being filed in hard copy and/or electronic copy.

(7) Identification of whether the information is available to the public and the extent of any previous

disclosure of the information to third parties. The documents and information for which confidentiality is sought are not made available to the public and have not been disclosed to third parties, except to those entities identified in 47 C.F.R. § 54.313(i). For those disclosures, the company has requested confidential treatment by the entities for the same information.

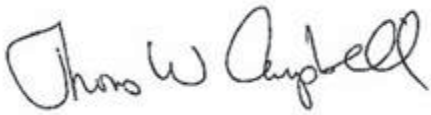
(8) Justification of the period during which the submitting party asserts that material should not be

available for public disclosure. Given the sensitive nature of the information for which confidentiality is requested, the prospect of serious competitive harm, the company requests that confidential treatment apply indefinitely.

II. CONCLUSION

For these reasons, pursuant to Sections 0.457 and 0.459 of the Commission's Rules, the company requests that the portion of Form 481 relating to the Section 54.202(a) 5 - Year Service Quality Improvement Plan be treated as confidential under the Commission's rules and precedent and withheld in their entirety from public inspection, and that any distribution of them within the Commission should be limited to a "need to know" basis. In the event that any person or entity requests access to the documents or seeks to make any or all of them part of the public record, the company requests to be notified immediately so that it can oppose such request or take other action as necessary to safeguard its interests and the interests of consumers.

Sincerely,

A handwritten signature in black ink that reads "Tom W Campbell". The signature is written in a cursive, slightly slanted style.

Tom Campbell

Telecommunications Consultant

tcampbell@otcpas.com

651-621-8511 (v)

651-483-2467 (f)

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0086/OMB Control No. 3060-0819
July 2013

REDACTED - FOR PUBLIC INSPECTION

<010> Study Area Code	330936
<015> Study Area Name	INDIANHEAD TEL CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Tom Campbell
<035> Contact Telephone Number: Number of the person identified in data line <030>	6516218511 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tcampbell@otcpas.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <-- check box if no outages to report </div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0		
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed 0.0		
<450>	Mobile 0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability (check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	
	Tom Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com
<110>	Has your company received its ETC certification from the FCC?	<input checked="" type="radio"/> (yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input checked="" type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input checked="" type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input checked="" type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input checked="" type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

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**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330926
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

1/1/2014

	Residential Local Service Charge Effective Date
<701>	Single State-wide Residential Local Service Charge
<702>	

[illegible]

(710) Broadband Price Offerings Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	330936	
<015>	Study Area Name	INDIANHEAD TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com	

[illegible]

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[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<910>	Tribal Land(s) on which ETC Serves	Lac Courte Oreilles Band Of Lake Superior Chippewa
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<920>	Tribal Government Engagement Obligation	330936WI920.pdf
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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330036
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>330936WI1210.pdf</div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	
<2012>	2013 Frozen Support Certification
<2013>	2014 Frozen Support Certification
<2014>	2015 Frozen Support Certification
<2015>	2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
<2016>	Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}	
<2017>	3rd year Broadband Service Certification
<2018>	5th year Broadband Service Certification
<2019>	Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@ot-qbas.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(ii))	<div></div> <div>Name of Attached Document Listing Required Information</div>
(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<div></div>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	<div></div> <div>Name of Attached Document Listing Required Information</div>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<div><div></div><div></div></div> <div>(Yes/No)</div>
(3014)	If yes, does your company file the RUS annual report	<div><div></div><div></div></div> <div>(Yes/No)</div>
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<div></div>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div></div>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div></div> <div>Name of Attached Document Listing Required Information</div> <div>(Yes/No)</div>
(3018)	If the response is no on line 3014, Is your company audited?	<div><div></div><div></div></div> <div>(Yes/No)</div>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<div><div></div><div></div></div>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div><div></div><div></div></div>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<div><div></div><div></div></div>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<div><div></div><div></div></div>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<div><div></div><div></div></div>
(3024)	Underlying information subjected to an officer certification.	<div><div></div><div></div></div>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div><div></div><div></div></div> <div>330936WI3026.pdf</div> <div>Name of Attached Document Listing Required Information</div>
(3026)	Attach the worksheet listing required information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	330936
<015> Study Area Name	INDIANHEAD TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Tom Campbell</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>Tom Campbell</u>	
Name of Reporting Carrier: <u>INDIANHEAD TEL CO</u>	
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>	Date: <u>06/27/2014</u>
Printed name of Authorized Officer: <u>William Eckles</u>	
Title or position of Authorized Officer: <u>President</u>	
Telephone number of Authorized Officer: <u>5075263252 ext.</u>	
Study Area Code of Reporting Carrier: <u>330936</u>	Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>INDIANHEAD TEL CO</u>	
Name of Authorized Agent or Employee of Agent: <u>Tom Campbell</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>06/27/2014</u>
Printed name of Authorized Agent or Employee of Agent: <u>Tom Campbell</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Consultant</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>6516218511 ext.</u>	
Study Area Code of Reporting Carrier: <u>330936</u>	Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330936
<015>	Study Area Name	INDIANHEAD TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	6516218511 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@otcpas.com

	Residential Local Service Charge Effective Date
<701>	1/1/2014
<702>	

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

[illegible]

REDACTED - FOR PUBLIC INSPECTION

[illegible]

SAC: 330936

REDACTED - FOR PUBLIC INSPECTION

State: WI

Indianhead Tel Co

Form 481 Line No. 112 Five Year Service Quality Improvement Plan

ATTACHMENT REDACTED IN ENTIRETY

SAC: 330936

State: Wisconsin

Indianhead Tel Co

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Indianhead Tel Co are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Wisconsin PSC orders and rules including:

**WI Chapter PSC 165
STANDARDS FOR TELECOMMUNICATIONS SERVICE**

165.010	General.	165.066	Protection of utility facilities.
165.020	Definitions.	165.067	Interference with public service structures.
165.031	Retention of records.	165.070	Provision for testing.
165.032	Schedules to be filed with the commission.	165.071	Meter and recording equipment test facilities.
165.033	Exchange area boundaries.	165.072	Accuracy requirements.
165.034	Utility accidents and interruptions.	165.073	Initial test.
165.040	Meter reading records.	165.074	As-found tests.
165.041	Meter reading interval.	165.075	Routine tests.
165.042	Billing recording equipment.	165.076	Request tests.
165.043	Information available to customers.	165.077	Referee tests.
165.050	Customer billing.	165.078	Test records.
165.051	Deposits.	165.082	Traffic and operator rules.
165.052	Disconnection and refusal of service.	165.083	Answering time objectives.
165.0525	Deferred payment agreement.	165.084	Dial service objectives.
165.053	Customer complaints.	165.085	Interoffice trunks.
165.0535	Dispute procedures.	165.086	Transmission requirements.
165.054	Held applications.	165.087	Minimum transmission objectives.
165.055	Directories.	165.088	Public telephone service.
165.060	Construction.	165.089	Interruptions of service.
165.061	Maintenance of plant and equipment.	165.090	Protective measures.
165.062	Line fills.	165.091	Safety program.
165.063	Central office equipment.		
165.064	Interconnection service standards.		
165.065	Emergency operation.		

SAC: 330936

State: Wisconsin

Indianhead Tel Co

Form 481 Line No: 610 Description of Functionality in Emergency Situations

Indianhead Tel Co pursuant to Wisconsin Public Service Commission rule "165.065 Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
 - Back up battery service in each central office.
 - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

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SAC: 330936

State: WI

Indianhead Tel Co

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On March 20, 2014 the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services; as part the FCC Public Notice DA 14-384. Referenced in this public notice are the results required to meet the rate comparability as noted:

“Based on the survey responses, the Bureau also calculated the reasonable comparability benchmark for voice services to be \$46.96. 9

9. Id. at 17694, para. 84.”

As required Indianhead Tel Co hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$46.96.

SAC: 330936
 State: Wisconsin
 Indianhead Tel Co
 Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

-
- Indianhead Tel Co offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

PSC 160.03 Essential telecommunications services.

- 1) Each local exchange service provider shall make available to all its customers at affordable prices all essential telecommunications services.
- 2) "Essential telecommunications services" means all the following:
 - (a) Single-party voice-grade service with:
 1. Line quality capable of facsimile transmission.
 2. Line quality capable of data transmission as specified in s.PSC 160.031.
 3. Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
 4. Access to emergency services numbers and 9-1-1 operability where requested by local authorities.
 5. Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
 6. Equal access to intralata interexchange carriers pursuant to schedules, terms and conditions imposed by commission orders and rules.
 7. Single party revertive calling, if 2 or more pieces of customer premises equipment can be simultaneously active on the line or channel being used by the customer.
 8. A reasonably adequate number of calls within a reasonably adequate local calling area as defined by the commission.
 9. Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
 10. Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users.
 11. Access to operator service.
 12. Access to directory assistance.
 13. Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
 14. Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
 15. A directory listing with the option for non-listed and non-published service.
 - (b) Annual distribution of a local telephone directory in accordance with s.PSC 165,955.
 - (c) Timely repair.

PSC 160.04 Toll blocking.

- (1) **BLOCKING OBLIGATIONS.** Every local exchange service provider in the state shall offer the capability to block all long distance calls and, separately, the capability to block 900 and 976 number calls and the capability to block extended community calling unless a timely waiver has been granted to the local exchange service provider by the commission.

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 Indianhead Tel Co
 Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(2) CHARGES. Blocking shall be without monthly or nonrecurring charge to low-income customers and at no charge other than for second and subsequent service activation orders for other residential and standard business line customers.

(3) EMERGENCY SERVICE. Blocking shall not prevent the customer from reaching the emergency service numbers appropriate for the customer's location.

- Indianhead Tel Co Lifeline service offerings are listed in their Local Service Tariff Section 1, Sheets 1, 3.1, 12 - 15 (attached).
 - The Local Service Tariff is on file with the Wisconsin Public Service Commission.
 - All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.
-

Indianhead Tel Co does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

PSC 160.02 Definitions.

8) "Low-income" means a household that receives benefits from one or more of the following programs:

- (a)** Wisconsin Works
- (b)** Medical Assistance
- (c)** Supplemental security income
- (d)** Food stamps
- (e)** The low income household energy assistance program
- (f)** The Wisconsin homestead tax credit
- (g)** Badger care
- (h)** As approved by the commission, other state or federally administered programs for households with income levels equal to or less than 200% of the poverty line.

PSC 160.06 Eligibility for low-income programs.

(1) LOW-INCOME ASSISTANCE ELIGIBILITY. Local exchange service providers shall verify an applicant's eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following:

- (a)** An active client of at least one of the programs listed in s. PSC 160.02(8).
- (b)** A member of the active client's household whose low income qualifies the client for benefits under at least one of the programs listed in s. PSC 160.02(8).
- (c)** A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If the applicant's tax filing for the most recently completed tax year has not been posted to the records of the Wisconsin department of revenue and if application for low-income assistance is made on or before June 30th, then the tax year prior to the most recently completed tax year may be used to determine eligibility.

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 Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (2) **ELIGIBILITY RECONFIRMATION.** Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.
- (3) **ELIGIBILITY INQUIRY.** Local exchange service providers shall inquire of the customer regarding eligibility of that customer for low-income programs on each order for initial or moved residential service and, orally or in writing, in the first contact with a customer during a year concerning disconnection or payment arrangements.
- (4) **QUERY AUTHORIZATION.** Local exchange service providers shall comply with client authorization requirements of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies for database queries necessary for eligibility verification. Customers shall complete and remit any reasonably required query authorization forms or forfeit eligibility.
- (5) **EXCEPTIONS.** Lifeline and Link-Up programs are not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years of age.

PSC 160.062 Lifeline program.

- (1) All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.
- (2)
 - (a) The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1 charges billed on the telephone bill, the federal subscriber line charge and 120 local calls, excluding extended community calling calls.
 - (b) The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. (a) minus \$7 or, if the total of the monthly residential rates for the items in par. (a) is greater than \$22, the lifeline monthly rate shall be \$15.
 - (c) Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than \$3 or more than \$15.
- (3) The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to appear on an eligible customer's bill on the next bill date following the date of application for lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear back credit will be given. In cases where a customer's eligibility date as found in the records of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies precedes the last bill date prior to application, credit shall also be given for one month's prior bill.
- (4)
 - (a) Eligibility for lifeline assistance continues until the next bill date following a failure to meet eligibility requirements.
 - (b) When the low income household energy assistance program is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance shall continue until the bill date in the next December following the close of the heating season. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

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 State: Wisconsin
 Indianhead Tel Co
 Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (c) When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.
- (5) Local exchange service providers may receive reimbursement from the universal service fund for 100% of that portion of the standard authorized rate for service which is in excess of the amount of the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds.
- (6) Customers eligible for lifeline or link-up America assistance may not be charged a deposit for service if they voluntarily accept toll blocking, may not be requested to pay in advance for more than one month's local service bill, and may not be disconnected from local service for nonpayment of toll charges billed by the local exchange service provider. Customers that otherwise would be subject to disconnection may be counseled to accept toll blocking.
- (7) A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. PSC 160.08 may impose toll blocking or restriction on lifeline customers.

PSC 160.063 Outreach for low-income assistance programs.

- (1) Funding shall be available to fund collaborative partnerships between community-based organizations and telecommunications providers to increase participation of the eligible populations in the universal service fund low-income support programs.
- (2) Funding from the universal service fund for these collaborative efforts shall not exceed \$250,000 in one year.
- (3) The commission shall annually review and grant funding based on complete responses to a request for proposals. Funding shall be limited to not more than 6 projects with at least one project focused statewide and one project focused on the Milwaukee area, if feasible.
- (4) The commission shall contract for an evaluation of the effectiveness of this program in promoting enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed \$25,000. This \$25,000 shall be included as part of the \$250,000 maximum total funding available under this section during the year in which the evaluation occurs.

PSC 160.08 Telecommunications customer assistance program.

The commission may authorize individual telecommunications providers to establish telecommunications customer assistance programs that meet authorized goals and objectives for increasing or stabilizing subscription levels for non-optional, essential telephone service within its service territory or to address avoidance of disconnection or limitation of service to low-income households with payment problems. Such programs may allow a provider to not make available certain essential services, as defined in s. PSC 160.03(2), in order to preserve at least minimal telephone service to certain low-income households with payment problems. The commission shall determine on a case-by-case basis whether or not a telecommunications customer assistance program may receive universal service fund monies.

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

INDIANHEAD TELEPHONE COMPANY

Name of Utility

Exchange	All
Section No.	1
Sheet No.	1
Amendment No.	606

EXCHANGE RATES

Local Rates

	Authorized <u>Rate</u>	TEACH <u>Assessment</u>	Continuing <u>Credit*</u>
Business/Key Systems Access Line	\$22.50	\$0.39	\$0.00
Residential Access Line	\$15.00	\$0.39	\$0.00
PBX Trunks	\$24.40	\$0.39	\$0.00

(*) Credits authorized for USC support

NOTE: Local service rates for all Indianhead exchanges moved to this sheet.

(M)

(M)

Issued _____ Applicable to bills rendered on and after August 1, 2013

PSCW Authorization by order No. _____

Letter _____

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Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN TELEPHONE RATE FILE

INDIANHEAD TELEPHONE COMPANY

Name of Utility

Exchange	ALL
Section No.	1
Sheet No.	3.1
Amendment No.	30

EXCHANGE RATES

EXTENDED AREA SERVICE (EAS)

A. DESCRIPTION

1. Exchange Service, consisting of Network Access Lines and flat rate service, is provided within a defined Local Service Area. The Local Service Area for a Network Access Line(s) is the Exchange Area. (T)
2. Extended Area Service (EAS) defines the Local Service Area within which Telecommunications Service Customers in two different Exchange Areas may call each other at the charges and/or rates for a local call. (T)
3. The Extended Area Service (EAS) arrangements for the Company's Exchanges are: (T)

<u>From</u>	<u>To</u>
Exeland	Radison
Radison	Exeland/

Issued _____ Applicable to bills rendered on and after 10-1-99

PSCW Authorization by order No. _____
Letter SEP 13 1999

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Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN TELEPHONE RATE FILE

INDIANHEAD TELEPHONE COMPANY

Name of Utility

Exchange	ALL
Section No.	1
Sheet No.	12
Amendment No.	

LIFELINE SERVICE

A. Description

1. Lifeline Service is a residence service offering that provides a discounted monthly rate to customers who qualify for low income assistance programs as defined in s. PSC 160.02(8), Wis Adm. Code.
2. Lifeline Service provides a monthly discount to eligible residence customers that have a network access line (including Extended Area Service), touch-tone service, 911 Service (billed on the customer's telephone bill), and the End User Common Line Charge (EUCL). If the customer has measured service, 120 local calls are provided. Extended Community Calling (ECC) Service is not included in Lifeline Service.
3. Lifeline Service monthly rates for residence customers are established according to s. PSC 160.062(1), (2) and (3), Wis Adm. Code.

B. Regulations

1. Lifeline Service is only available for residence customers with a single line network access line.
2. Lifeline Service is not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years old.
3. Lifeline Service customers must complete and remit any required query authorization forms requested by the Company or forfeit eligibility for Lifeline Service.
4. Eligibility for Lifeline Service must be verified by the Company by finding the Social Security Number and name of the listed customer in active records of the Department of Workforce Development or the Wisconsin Department of Revenue.

(C)

(C)

(C)

Issued _____ Applicable to bills rendered on and after _____ 1-01-98

PSCW Authorization by order No. _____

Letter _____ JAN - 6 1998

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN
TELEPHONE RATE FILE

INDIANHEAD TELEPHONE COMPANY

Name of Utility

Exchange	ALL
Section No.	1
Sheet No.	13
Amendment No.	

LIFELINE SERVICE

B. Regulations (Cont'd)

5. Reconfirmation of Eligibility for Lifeline Service

- a. Reconfirmation of eligibility for Lifeline Service will be done at least once each year.
- b. If a customer cannot reconfirm eligibility for Lifeline Service, eligibility will continue until the next bill date following failure to meet the eligibility requirements.
- c. When the Low Income Household Energy Assistance Program is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next December following the close of the heating season. At that time, if eligibility cannot be re-verified by the Company, Lifeline Service will be removed from the customer's bill.
- d. When the Wisconsin Homestead Tax Credit is one of the customer's qualifying low income assistance programs, the eligibility for Lifeline Service shall continue until the bill date in the next June following the end of the tax year. At that time, if eligibility cannot be re-verified by the Company, Lifeline Service will be removed from the customer's bill.
- e. Eligibility confirmation through receipt of the Wisconsin Homestead Tax Credit will not become effective until the date set by the Commission upon its acknowledgment that an acceptable data base query process is in place.

Issued _____ Applicable to bills rendered on and after _____ 1-01-98

PSCW Authorization by order No. _____

Letter _____

JAN - 6 1998

REDACTED - FOR PUBLIC INSPECTION

Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN TELEPHONE RATE FILE

INDIANHEAD TELEPHONE COMPANY

Name of Utility

Exchange	ALL
Section No.	1
Sheet No.	14
Amendment No.	56

LIFELINE SERVICE

B. Regulations (Cont'd)

(D)

(D)

C. Rates

Lifeline Service will appear as a credit or a rate reduction on the customer's bill.

Issued 12-14-01 Applicable to bills rendered on and after 1-1-02

PSCW Authorization by order No. JAN - 4 2002
Letter

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Form 10 Rate

PUBLIC SERVICE COMMISSION OF WISCONSIN TELEPHONE RATE FILE

INDIANHEAD TELEPHONE COMPANY

Name of Utility

Exchange ALL

Section No. 1

Sheet No. 15

Amendment No. 58

LIFELINE SERVICE

C. Rates and Charges

The applicable monthly rate for Lifeline Service is determined by the sum of the rates for the services specified in 1. following and applying a credit based on the sum of the credits as specified in 2. following.

1. Lifeline Service

Residence Network Access Line (including EAS) at the rate specified elsewhere in this tariff.

Touch Calling Service (if applicable) at the rate specified elsewhere in this tariff.

911 Service (if billed on the Customer's telephone number) at the rate specified elsewhere in this tariff.

End User Common Line (EUCL) Charge.

2. Lifeline Service Credits

End User Common Line Charge (EUCL) as specified in the NECA Tariff.

Federal Lifeline support credit as specified by the Federal Communications Commission (FCC) for Universal Service Support for Low-Income Consumers.

State Lifeline support credit as specified by the Public Service Commission of Wisconsin in Wis. Admin. Code PSC 160.062.

3. Lifeline Service monthly credit

The Lifeline Service monthly credit is \$10.00.

(I)

Issued 7-1-03 Applicable to bills rendered on and after 7-1-03

PSCW Authorization by order No. _____

Letter JUL 15 2003

SAC: 330936

State: WI

Indianhead Tel Co

Form 481 Line No. 3026

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ATTACHMENT REDACTED IN ENTIRETY